UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

	BOOTHERIA BISTRICT OF TALKA TORK
	nankelle A. E. Humphreus Il name of the plaintiff or petitioner applying (each person set submit a separate application)) CV (1)
	-against- (Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)
N	ew York City Health and Hospitals Corporation
-(ful	II name(s) of the defendant(s)/respondent(s))
	APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS
and	
1.	Are you incarcerated? Yes No (If "No," go to Question 2.)
	I am being held at:
	Do you receive any payment from this institution? Yes No
	Monthly amount: If I am a prisoner, see 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. See 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.
2.	Are you presently employed? Yes No
	If "yes," my employer's name and address are:
×	Gross monthly pay or wages:
	If "no," what was your last date of employment?
	Gross monthly wages at the time:
3.	In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.
	(a) Business, profession, or other self-employment (b) Rent payments, interest, or dividends My Mother Is not living NY Rev: 8/5/2015 With Me but She Is
SDI	NY Rev: 8/5/2015 With me but she Is
	giving me money for my rent until I fund a job

		(c) Pension, annuity, or life insurance payments
		(d) Disability or worker's compensation payments
		(e) Gifts or inheritances 10 No
VA I	g.	
1 1	à	(f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.) (g) Any other sources See bottom of Yes No medical of Yes No medical of Yes
		1 ague
		If you answered "Yes" to any question above, describe below or on separate pages each source of
		money and state the amount that you received and what you expect to receive in the future. My man 1s not living with me but she is temperarily paying my rentifood until I find a job than I have to pay her back. I also get 350° from my grandmother life.
		paying my rentitood until I find a sop than I
		have to pay her back. I also get 350 from my grandmother life
		If you answered "No" to all of the questions above, explain how you are paying your expenses: INSurante
		in the ac
	4.	How much money do you have in each or in a checking savings or inmate account? A avallence
	1155	
		probably 1,000 in my each accommodation fund to show and me
	5.	Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other
		financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:
		12 m
	6.	Do you have any housing, transportation, utilities, or loan payments, or other regular monthly
		expenses? If so, describe and provide the amount of the monthly expense:
		expenses? If so, describe and provide the amount of the monthly expense: My rent is 115 and my Car is Approx 356 List II would not be an always to pay my student young.
	7.	List all people who are dependent on you for support, your relationship with each person, and now
		much you contribute to their support (only provide initials for minors under 18):
		None
	8.	Do you have any debts or financial obligations not described above? If so, describe the amounts owed
		and to whom they are payable:
		I owe money for student loains but I can't a ford
		claration: I declare under penalty of perjury that the above information is true. I understand that a false
	sta	tement may result in a dismissal of my claims.
		12/13/10 Charlelletheymay
	Da	ted Signature
	- 2	Humphreys Chankelle Hhals Elizabeth Prison Identification, # (if incarcerated)
	Na	9 1 6 600
	Δ.	Idress City State Zip Code
		911-971-3429 Abumphreus Cmu @ gmall com
	Te	lephone Number E-mail Address (if available)